(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 business, that fact may be indicated thus; Earner (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Serum, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Housecn at home, who are engaged in the Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealetc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs/. Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on duties of the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY Whooping cough; Chronic valvular heart disease; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and a'l qu'stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city potown where death occurred How long in U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_ds. PHYSICIANS statement St., (a) Residence: Np. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) CTL classified. 5a. If married, widowed I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. end vaar) Days to have occurred on the deta stated above, at .... 7. AGE Months I day ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causas of Importence or ..... min. wera as follows Date of onset 8. Trede, profession, or particular TION kind of work dona, as SPINNER, Jo SAWYER, BOOKKEEPER, etc ... may 9. Industry or business in which back work was done, as SILK MILL, SAW MILL, BANK, etc. O. Date deceasad lest worked et 11. Totel tima (years) spant in this this occupation (month and that occupation ... instructions Othar Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What tast confirmed diagnosis? be carefully OTHER 15. MAIDEN NAME 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (Stata or country) Whare did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury CAUSE mation Natura of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Addrass) If so, specify (Signad) If more blanks are ngeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Dete of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
5		
	Other contributory causes of importance:	
May 1,1923	Gustroenteritis	1 year
-	1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

,			-	1	
(	1	N	A		)
1	-	-	4	1	1

PHYSICIANS should state . Every item of inforof OCCUPA. Stated EXACTLY. PHYSICIAMS ECON. A PERMANENT TION is very important. See instructions on back of certificate. IS INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WITH UNFADING -WRITE PLAINEY,

MARGIN RESERVED FOR BINDING

STATE OF MARYLA	AND—CERTIFICATE OF DEATH 04668
1. PLACE OF DEATH	11-0
County Harford	Registration Dist. No. 18
Village or City Melon Bel an m	No. St., Ward
/	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Comic 6 D	oyle
(a) Residence: No. New Bel Rin My (Usual place of abod	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write)  OR DIVORCED (write)	the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dayle	22. HEREBY CERTIFY That i attanded decaasad from pril 1, 1931, to Spril 8, 1931
6. DATE OF BIRTH (month, day, and year) Mar 25 186	60 I last saw like alive on april 193 /; death is said
11 1100	LESS than to have occurred on the date stated above, atm.
	y,hrs. The PRINCIPAL CAUSE OF DEATH and related cause of Importance were as follows:
8. Trade, profession, or particular	Theoremany total
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which	tus
N. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
O. Date deceased last worked et this occupation (month and year)	ars) is
800	Other Contributory Canada of importance:
12. BIRTHPLACE (city or town) (State or country)	<i>august</i>
13. NAME Michael Halun	Man 8
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Margaret Harrland	23. If death was due to axternal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Massaut Harland  16. BIRTHPLACE (city or town) Massaut  (State or country)	Accident, suicide, or homicide? Date of Injury, f9
State or country)	Where did injury occur?
17. INFORMANT Mus John Monahum (Address) Belan mich	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Berney	Manner of injury
Die de Jungan	, f93./- Nature of Injury
X M FR	Tractive of injury.
19. UNDERTAKER Decu Y Joshu	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bellin md	If so, specify SA
ALLIO 10 21 7/8 01 - 11/10A	(Signed) / M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	MAY W HOL	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis .	3 days ago	
	BUBLES O V.	5.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RESERVED

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISCASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

mas fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." stated unless important. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease, etc. The contributory

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ac	PLACE OF DEATH	STATE OF MARYLAND
Z Z	County Harford WITHIN CORPORATE	CERTIFICATE OF DEATH
A S		Registration Dist. No. 185
CORD EXACTLY, Iy classifie	Village or City Havre de Grace (No. 160	spital St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street an number.)
perline errin	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERMA T PERMA T E should be sta at it may be pro	3 SEX 4 COLOR OR RACE MARRIED, MIDOWED. OR DIVORCED MIDOWED  6 DATE OF BIRTH  December 4, 1900  (Month) (Day) (Year)	16 DATE OF DEATH  April 30 , 1931  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192  that I last saw h salive on 192
S IS A Section of truction	7 AGE    If LESS than    I dayhrs.	and that death occurred on the date stated above, at
RESERVED G INKTHIS efully supplie n plain terms tant. See inst	30 yrs. 4 mos. 26 ds. or min.?  OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer) Raulroad Hoth	gun shot wound in lower lebdomen, Self Inflicted Sured.  (Pyration) 75 mos de
ADIN ADIN MATH I	9 BIRTHPLACE (State or country) Alabama:	Contributory Sun Shor Wound Secondary  (Duration) yrs mos / Short
MARCH UNF.	FATHER Thomas, Totoster.	(Signed) Martin P. Foley Coroner M. P. april 30,1931 (Address) Havre de Grace, Md
ION SE	OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LY, format tate C	of MOTHER (Ingma Singleton 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tron ients or Recent Residents)  At place
of Info	OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
RITE Item sho	(Informant) Taken from the Record	Former or usual residence Port Deposit Maryland
WE Every CIANS	(Address) Book, Harri de Grace Hospital	Thestury cen, us. May 4, 103,
	15 Filed May 4 1981 Charles J Foley MD Registrar	e abatterson Verryalle
ż	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

CACMO

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healther," etc., without more precise specification as  $\nu uy$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 6

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RESERVED

MARGIN

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Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many ,"""Deal-

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important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ...... Ward) (If death occurred in a hospital or instituion, give its NAME instead of street PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE15 SINGLE MARRIED, S WIDOWED (Month) OR DIVORCED (Write the word) That I attended the decensed from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day .... hre. OCCUPATION (a) Trade, profession or particular kind of work ..... (b) General nature of industry business, or establishment in (Duration) .....yra. which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER (Address) 75 11 BIRTHALACE \*State the Disease Causing Death, or, in deaths from OF FATHER REN Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal, (State or country) 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans ionts, or Recent Residents) 18 BIRTHPLACE In the At place OF MOTHER of death (State or country Where was disease contracted, if not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

(Day)

DDRESS

'e more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requestive/N. S No. 1.

# CERTIFICATE OF DEATH

(Approved by U. S. Ceusus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a whatever, write None. tired & yrs.). Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At \*chool or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Nanager," "Deal-Physician. Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Plantor, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persous who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilacria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lodar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the lujury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Aecidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OR State cause for which surgical operation was under-"Puerperal septicuemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatle), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Meastes (disease "Uraemia," "Weakness." etc., when a definite disease rhage," "Inaultiou," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, nse of "Tumor" for malignant neoplasms); Measles, mges, peritonaeum, etc., Curcinoma, Surcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid inqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Cougenital," "Scnile," etc.) (Recommendations on stateetc. The contributory (seeond-(merely

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#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., WILLIVAL laborer, Laborerfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci business, that fact may be indicated thus; Farme (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a yr8). without more precise specification as Day For persons who have no occupation single word or term on -Coal mine, etc. Wom-

s, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospinal to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopaeumonia ("Pneumonia

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar, or intercurrent) affection need not be Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart disease; Nomenclature

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permanently fied. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flad If this certificate is looked over thoroughly and all questions

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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 182
Village or City reswell (No.  2FULL NAME Hannah Elizak	St: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE S-SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Aug 22, 1853-  Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Opril 3 1931 to Opril 4 1931 that I last saw here alive on Pril 3, 1931,
7 AGE  15 yrs. 7 mos. /cds. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry ausiness, or establishment in which employed or (employer)	(Durstion)
9 BIRTHPLACE (State or country)  10 NAME OF FATHER HOWY Wallas	Secondary  (Signed) A T Purstion ds  (Signed) A T Purstion M. D.  (Signed) A C Purstion M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  C C C C C C C C C C C C C C C C C C C	*State the i is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. mos, ds. In the State yrs. ds.
(Informant) And Colward Hunley  (Address) Creswell!	if not at place of dea.h?  Former or usual residence
Filed Up 4 1981 ME Richardson Ragistras	20 UNDERTAKER Gross Benson
If more blanks are naeded, addre.s State Ragistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. 'As examples: (a) whatever. write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DE g ged in domestic service for wages, as Servant, Cooks, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The materia first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Grocery,

Statement of Cause of Death—Name, first, the Disease of Leath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroping few the only definite synonym is "Epidemic cerebrost inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid few (never report "Typhoid Pneumonia,"); Lodur symeumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stited unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, (secondary or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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STATE OF MARYLAND PLACE OF DE ERTIFICATE OF DEATH Registration Dist. No. ly classified ficate. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and Village or City number.) 2FULL NAME roper STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERSONAL AND 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED WIDOWED- CLS OR DIVORCED (Write the word) pino That I attended the deceased from 6 DATE OF BIRTH hat (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at ..... 7 AGE I day hrs. was as follows: or min.? RESERVE OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Abusiness, or establishment in Importa which employed or (employer) Contributory Secondary MARGIN 9 BIRTHPLACE (State or country 10 NAME OF DO (Signed) FATHER Shore (Address) 11 BIRTHPLACE the Disease Causing Death, or, in deaths from OF FATHER Z Violent Causes, state (1) Means of Injury and (2) Whether SON (State or country) AU Accidental, Suicidal or Homicidal. w SE 12 MAIDEN NAME 0. 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER ients or Recent Residents) On. 1 CC 13 BIRTHPLAC in the At place State.....yrs.. .....mos... OF MOTHER of death .. W Ö (State or Country) Where was disesse contracted, 0 P if not at place of dea h?. Item of A THE ABOVE IS Former or usual res.dence DATE OF BURIAL OF BURIAL OR REMOVAL Every I CIANS statem 20 UNDE Registra 20 If more banks are needed, addre.s Ltate Negistrar, 16 W. Saratoga M., Balto., Lequesting V. S. No. 1

(Approved by U. S. Census and American Fublic Health Association.)

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MARGIN

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Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of etreet and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX WIDOWED. OR DIVORCED BINDIN (Write the word) (Month) (Day) (Year) HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) and that death occurred on the date stated above, at 3:300 IfLESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: ds. ESERVED OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in ...(Duretion) ... UNFADING which employed or (employer) 0 Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) ... (Duretion) 10 NAME OF (Signed) FATHER 1922 (Address) 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether OF FATHER (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-OF MOTHER ients or Recent Residents) state SCUP/ 13 BIRTHPLACE In the At place of death \_\_\_\_\_\_\_\_mos.\_\_\_\_\_ds. OF MOTHER (State or Country) Where was disease contracted, if not at place of death?..... shoul Every item CIANS sho statement Former or usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or Institu-St.: Ward) tion, give Ite NAME In-

MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased 198 / . to 9 Note !! and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows:

In the

DDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the (6)

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), Chronic etc. valvular The contributory Always qualify all heart

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laborer, fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, Civil engineer, Stationary fireman, etc. But in many or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. Housemaid, etc. If the occupation has been changed rer, Farm laborer, Laborer—Coal mine, etc. Womor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should stite CAUSE CF DEATH in plain terms so that it may be properly olassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LN BINDING PERM. WITH UNFADING INK-THIS IS A FOR MARGIN RESERVED WRITE PL N. B.--

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Jarrettsville(No	Registration Dist. No. 83  St.: Ward) (If death occurred in a hospital or Institution, give Its NAME II.
<sup>2</sup> FULL NAME Isabella Jackson	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colord Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 , 192 (Month) (Day) (Year)
April 5th J835  (Month) (Day) (Year)	that I last saw here alive on the last saw here alive on the saw h
7 AGE    If LESS than   day hrs.   day hrs.   ds.   or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.  Contributory Secondary
(State or country)  Harford Co, Md.  10 NAME OF FATHER  Wm. Turner	(Signed)
OF FATHER Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Not known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?  Former or usual residence
(Informant) David-Jackson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jarrettsville, Md	Fairview A.M.F.Cem. Apr. 10,
15 Filed apr 10 1931 Thomas R. Brown	E.G. Kurtz & Son, Jarrettsvilem (
If more b.anks are needed, addre.s tate Kegistre	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). er," etc., without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (naver report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia").

American Medical Association.) (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Echaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condicarbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart Always qualify all disease;

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8

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example IE IVED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V.S.	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ugo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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. =	1PLACE OF DEATH	04682 CTATE OF MARY AND
YSI	County Harford	STATE OF MARYLAND CERTIFICATE OF DEATH
M) = /	County Car Grant	Registration Dist. No. 185
	A A MITHIN CORPORATO L	/If death accurred in
CORD EXACT STIFICATES	2FULL NAME Rosam, Kern	St.: Ward)  a hospital or institution, give its NAME is stead of street and number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAAANT uid be sta	J SEX 4 COLOR OR RACE 5 SINGLE, MARRIED; WIDOWED. WILL OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
PER shou	August 14, 1869.  (Year)	that I last saw he alive on he deceased from the last saw he deceased from the last
ED FOR THIS IS A piled. ACE rms so that instruction	7 AGE    If LESS than   I day hrs.   1 day hrs.   or min.?	and that death occurred on the date stated above, at
See	(a) Trade, profession or Housewife	Jeffurtus said and
ADING IN RESIDENCE IN CARACTER IN PIA	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) vrec 3 mos de.
	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yre moe finds
UNI Very	10 NAME OF Grover W. Bradford.	(Signed) M. D. M.
On sh	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME (STATE OF COUNTRY)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ormati	of MOTHER ROLL A. French.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
f inf	OF MOTHER (State or Country) Mary aluxetts.	At place of deathyrsds, In the Stateyrsds  Where was disease contracted,
ITE I	(Informant) Mrs. Mueleter loale	if not at place of death?  Former or usual residence
WR Every it CIANS	(Address) Helsrace. rud.	uesleyanthafeel afr. 9-, 1931
BB	Filed april 8 1921 Clarles J. Folythis.	Terrington Hour Holderse
(T)z	If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping cough; approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of death . (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; Always qualify all The contributory Measles;

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IYSI- Exact		PLACE OF DEATH
PHY Ex		County Harford
Y, Filed.		
CTL ISSI	Vi	llage or City Near Wewsdeen_
stated EXACTLY, properly classified of certificate.		2FULL NAME Elsie Jone 7
stated Eproperly		PERSONAL AND STATISTICAL PARTICULARS
be be	3:	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)
should it may s on bac	6	DATE OF BIRTH
sho tit n		December 14 1856
ACE that tions		(Month) (Day) (Year)
supplied. ACE so that see instructions	7 /	If LESS than I day hrs.
tern tern 100 in	8	a) Trade, profession or
ly su ain	F	particular kind of work
carefully FH in plai portant.	E	b) General nature of industry ousiness, or establishment in which employed or (employer)
be carefully supplied. ACE sheEATH in plain terms so that it important. See instructions o	M	BIRTHPLACE (State or country) John John John John John John John John
ק מס		10 NAME OF Unknown
E E	RENTS	11 BIRTHPLACE OF FATHER (State or country) Unicon our /
	PARE	12 MAIDEN NAME UNCROSON
Pinform d state		13 BIRTHPLACE OF MOTHER (State or Country) Unknown
of	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
iten s sh nent		(Informant) Mrs. Caroline Touver
CIANS she		(Address) aberdeen, mad
E C E	15	Filed aft 22 19231 Ol Muchael
m		Registrar

04684

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 181

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in
	stead of street and

······································	*****************	***************************************		
MEI	DICAL CERT	IFICATE O	FDEATH	
16 DATE OF DEA	a.	ril	19,	
that I last saw hand that death of The CAUSE OF E	LEBY CERTIFY 197 21 alive on ccurred on the DEATH * was a	date stated as follows:	bove, at	193/ 193/ 193/
Contributory Secondary (Signed)	(D) (D) (Address)	uration)	Утвm	osds,
*State the Violent Causes	Piscase Caus , state (1) M idal or Homicida	sing Death, eans of Inju	or, in deat ry and (2)	ths from Whether
18 LENGTH OF		For Hospita	ls, Instituti	ons, Trans-
At place of deathyrs		In the State	yrs	mosds.
19 PLACE OF BU Union 20 UNDERTAKES	M.E. Cen	retery	PATE OF YULLS	2, 19.3/

If more blanks are needed, address tate Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. " etc., without more precise specification as Doy For many occupations a single word or term on Farm laborer, Loborer-Coal minc, etc. Wom-For persons who have no occupation

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(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY ChronicExample: Measles (disease etc. The contributory valvular heart Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

04685 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. stated EXACTL properly classificate. (If death occurred in Ward) Village or City a hospital or institution, give its NAME is of street and stend number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED re po may be WIDOWED OR DIVORCED Write the word HEREBY CERTIFY, That I attended the decembed from 6 DATE OF BIRTH ACE st structions (Day) (Month) (Year) IIf LESS than and that death occurred on the date stated above, at 7 AGE 80 I day hrs. The CAUSE OF DEATH \* was as follows: polied (1) or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work Ø (b) General nature of industry arefull ā business, or establishment in (Duration) 2 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) EA. DO 1D NAME OF 2 T & Shore (Address) 11 BIRTHPLACE RENTS the I is ase Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 0) 7 SUN C (State or country) 4 OF 12 MAINEN NAME 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transd OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the 0 At place 0000 OF MOTHER .yıs.....ds. State. of death (State or Country) Where was disease contracted, it not at place of dea h?. 03 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Item s shot Former or ent usual residence (Informant) Every It 20 UNDERTAKER m If more b.anks are needed, addre.s : tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. Ro. 1.

BINDI

RESERVED

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid yever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

felanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

A- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 04686
infor- state UPA-	1. PLACE OF DEATH	82-0
F 3	County Harford	Registration Dist. No. 185
4.5	Village or Cittlean Havre de Seace	No. 7. F. D # 3 St. War
.=		death occurred in a hospital or institution, give its NAME instead of street and number)
ery ent	Length of residence in city or town where death occurred vrs. 7 mos	ds. How long in U.S. if of foreign birth?yrsmosd
Ever	2. FULL NAME / Plantha / Jarg	rarell Storm
KD. Every YSICIANS statement	(a) Residence: No. Car Havre de Grale,	7. 8t., 0H2 Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
KECO . PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
A S	OR, DIVORCED (write the word)	Upril 21 193
TT Ed.	5a. If married, widowed, or divorced	(Month) (Oay) (Yoar)
BINDING FERMANEN EXACT y classified te.	-HUSBAND of George V. Oslorice	22.   HEREBY CERTIFY, Thet I attended deceased fro
BINI ERM. EXA clas	Surge o. astonic	1921 to Effert 2/ 1931
BI E E E	6. DATE OF BIRTH (month, day, and year) ale 21, 1835	Hast saw h  alive on
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, et
FOR IS A stated proper	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance we've as follows:
- 10	8. Trade, profession, or particular kind of work done, as SPINNER, Tetures SAWYER, BOOKKEEPER, etc.	Tout al Hymorkey 4-19
T 144	SAWYER, BOOKKEEPER, etc.	+ arteno Acleson
KK-T Should it may n back	9. Industry or business In which work was done, as SILK MILL, Hause Dulies SAW MILL, BANK, etc.	
N S H	0 10. Date deceased last worked at 11. Total time (years)	
RES I G I AGE that	yeer) at with 1923 spent in this type	
N A T O	12. BIRTHPLACE (city or town) mary land	Other Contributory Causes of Importance:
MARGIN UNFADI supplied. n terms, so	(State or country)	
WARGI UNFA supplied n terms,	13. NAME 6 dward Thompson	
o tin	13. NAME 6 dward Thompson  14. BIRTHPLACE (city or town) 1910.	Name of operation Date of
·= 70	(State of country)	What test confirmed diagnosis? Leneal Was there an autopsy? U
Y, WITH carefully CH in pla	15. MAIDEN NAME amelia Whitecher 16. BIRTHPLACE (city or town) 177.d.	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, W be carefu EATH in important	6 16. BIRTHPLACE (city or town) Md.	Accident, suicide, or homicide? Date of injury, 19
INLY, be car	(State or country)	Where did injury occur?
AII	17. INFORMANT Pro George . Starme	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	(Address), Havrede Brace 1. 1. 2	
TE Sh	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Westy an Chapel Oato Upor, of 7,193/	Nature of injury
-WRI mation CAUS	19. UNDERTAKER J. Madison Mitchell	24. Was disease or injury in any way related to occupation of deceesed?
No.	(Address) Havredy Grace, Md.	If so, specify
07	20. FILEOLIFE. 23 , 1931 Charles & Toley 3	(Signed) TSP c/Wellie M.
7	Registrar.	(Address) . Have I frace Tues
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 5 101	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	A PART OF STREET	July 5,1927	Peritonitis	3 days ago	
	1				
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CERTIFICATE OF DEATH Registration Dist. No. /

Of death occurred in St.: Ward) a hospital or institution, give its NAME in-stead of street and

MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY. That I attended the decemed from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows:

\*State the listage Causing Death, et, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans

In the

If more blanks are needed, addre...s atate Registrar, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from er," etc., without more process and minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. definite salary, may be entered as Housewife, House-Never return "Laborer." "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (rc or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, yrs . Compositor, For persons who have no occupation Architect, Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., scpeis, carbolic acid-probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. valvular heart discase; Nomenclature The contributory

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PLACE	OF	DEATI	
TT	-	- J	

County.

Harford

(75)

### STATE OF MARYLAND

04688

ER	TIFICAT	E O	F	DEATH	1
	Registration	Dist.	No.	180	,

Village o	or	City	Ft.	Hoyle,	Md.	(No
A mage	14	CITY.	PO OF BRADOWS STREET		400000000000000000000000000000000000000	(140.

Charles H. Savitz 2FULL NAME

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) St.: Ward)

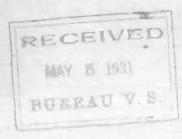
	PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	sex ale	4 COLOR OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH April 5th 1931 (Month)		
6 [	DATE OF B	Level (Month)	(Day), 1890 (Day) (Year)	17 I HEREBY CERTIFY, That I s  Found dead 192 to that I last saw h alive on	attended the deceased from	
7 4	AGE	40 yrs.	If LESS that I day hrs. ds. or min.	. The CAUSE OF DEATH * was as follows:		
1	articular ki b) General usiness, or	orofession or ind of work nature of industry establishment in	Soldier	by Post mortem examina	yrs,ds.	
9 E	BIRTHPLAC (State or C	or Unknown	e survey	Contributory Secondary  (Signed) Ben T.  (Address) Edge	Sharpton, M.D.	
OF FATHER Z (State or country) Unknown 12 MAIDEN NAME				*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
PA	11 11 11 11 11 11 11 11 11 11 11 11 11	PLACE	wn	18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted, if not at place of death?	he tateds.	
14	(Informati	TT C A.		Former or usual residence		
	, 111-	dress) Ft. Hoyle,		19 PLACE OF BURIAL OR REMOVAL Edgewood Cemetry	April 8th, 1931	
15	Filed G	ril 8 th 1881 Fres	local Registrar	20 UNDERTAKER HOWARD McComas ar, 16 W. Saratoga St., Balto., Requesting V	Abingdon?md	

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhou ehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Groccry;

Strtement of Cause of Death—Name, first, the DISEAS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia");

"(Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was underperilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic. valvular heart disease The contributory Always qualify all



HYSI-Exact

PLACE OF DEATH	04690 STATE OF MARYLAND
County Harris	CERTIFICATE OF DEATH
	Registration Dist. No. / 8
Village or City frust Aul (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Infant Ship	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make Who Single, Married, Widowed.  Or Divorced (Write the word)	16 DATE OF DEATH OUL 5 , 1931 (Month) (Day) (Year)
E DATE OF BIRTH COLL (Month) (Day) (Year)	that I last saw h alive on 192,
7 AGE   If LESS than   I dayhrs.   Ods.   ormin.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work	Stol-Bon
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yremoeds.
State or country) Harfred co, mil	Contributory Secondary  (Docation)
10 NAME OF FATHER amplose Shepherd	(Signed) (Signed) (Address) ACOST (Address) (Address)
OF FATHER (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Callerine Senley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWHEDGE	in not at place of dea h?
(Informant) ambros Cheplera	usual residence
(Address) Forest Hill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND 8 , 1931
Filed Gry 198/ME/Pichardson Registras	Homberger Goss Binson
If more b.anks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 σĎ 0

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autamobile factory. The material whatever, write Nonc. business, that fact may be indicated thus; Furgier (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DIATH, g ged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken household only (not paid Hausekeepers who receive a en at home, who are engaged in the duties of the er," etc., Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day fact may be indicated thus; Farmer (re-(a) the kind of work and also (b) the -Precise statement of ocsingle word or term on

Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and, causation), using always the same accepted term for the same disease. Examples: Carebaspinal fever (the only definite synonym is "Epidemic carebros; inal meningitis"; Diphtheria (avoid use of "Croup?"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "(E:haustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: A coidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need Chronic Example: Measles (disease valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE	OF DEATH			04691	STATE OF	MARYLAND TE OF DEATH
Cou	unty	Harford					18.3
Villag		Forest Hi		a Tate	210) ~	St.:	ion Dist. No
	PERSON	IAL AND STATISTIC	CAL PARTIC	ULARS	MED	ICAL CERTIFICA	TE OF DEATH
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9 BIR	ich employe RTHPLACE (State er e		d Co. Md	***************************************	Contributory Secondary		•
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EN		PLACE HER or country) Harf		Md.	*State the Violent Causes,	(Address)	ath, or, in deaths from Injury: and (2) whether
A	OF MOT	Sarah St	reett			ESIDENCE (For H	ospitals, Institutions, Tra
		or country) Harf		M <sub>d</sub>	At place of death yrs. Where was disease con	mos. da. tracted.	the State,,yrs,mos,
14 121	E ABOVE	IS TRUE TO THE BE		OWLEDGE	if not at place of death? Former or usual residence	*************************************	***************************************
(1	Informant)	Elsworth Ta	200				
	(Addre	Elsworth Ta	-			HAL OR REMOVAL	DATE OF BURIAL
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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the bisease causing brain, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ontired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, (a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Furmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day For many occupations a single word or term on Oľ jane. Home, and children, not gainfully em-The material

Exactinent of Cause of Death—Name, first, the pisters causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumenia"): Lobar pneumonia, Bronchopneumonia ("Pueumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on lead of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions such as "Asthenia," "Anaemia" Examples: can be ascertained as the cause. "Uraemla," "Weakness." etc., when a defiuite disease ary), 10 ds. Never report mere symptoms or terminal State cause for which surgical operation was under-"Dropsy," "Exhaustion." vulsions," "Debility" ("Congenital," "Senile," etc.), causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Meastes, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; Chronic valvular heart disease, ...... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY Accidental drowning; Struck by railway "Heart Example: Measles failure." "Haemor-Always qualify all The contributory (merely (second-(disease

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PLACE OF DEATH	
County Harford	
illage or City aberdeen (No.	
illage or City Weraum (No.	/

04683

### STATE OF MARYLAND CERTIFICATE OF DEATH

Vil	lage or City Aberdeen (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME lystead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Male white (Write the word)  At Color or RACE SINGLE, MARRIED, Linkwan WIDOWED, Conkrown OR DIVORCED (Write the word)	16 DATE OF DEATH  Jeril 20 , 1923/  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I lest saw halive on, 192, 192,
6	HS (?) yrs. mos. ds.    If LESS than    day hrs. or min.    occupation   a) Trade, profession or	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * years as follows:  Accedendal Arrowning
T'b	articular kind of work  D) General nature of industry usiness, or establishment in thich employed or (employer)	(Duration)yrsds.
9 E	IRTHPLACE (State or country)	Secondary  Duration vrs. mos Q ds.
	10 NAME OF //	(Signed)
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
ARE	12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
Д.	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14	(Informant) It. Night amuson  (Address) Herseum Md	former or usual residence  19 PLACE OF BURIAL OF REMOVAL  DATE OF BURIAL  OR DESIGNATION OF BURI
15	File apl 22 1971 ON Mechan	20 UN DERTAKER (ADDRESS)

If more branks are needed, address State Registrar, 16 W. Safatoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the -laborer, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealshorer, Farm laborer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH	(14695 STATE OF MARYLAND	
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County in the first transfer the first transfer to the forest consequences of the first transfer to the first transfer transfer to the first transfer transfer to the first transfer tran	(46)	
	Registration Dist. No./	
Village or City Willadeland	St: Ward) (If death occurred in	
	, ward) a hospital or institu- tion, give its NAME is- steed of street and	
2FULL NAME Susan Wells	stead of street and number.)	
	***************************************	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH	
The grant of WIDOWED.	25, 1927	
Terrale   Write the word)	(Month) (Day) (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from	
May 12 . 1859	July -/ 1930 to april 23, 13/	
(Month) (Day) (Year)	that I last saw her alive on april 22, 121,	
7 AGE Ilf LESS than	and that death occurred on the date stated above, at 4'00 P.m.	
l day hrs.	The CAUSE OF DEATH * was as follows:	
yrs. / mos. ds. or min.?		
8 OCCUPATION	Elecciones Intestin -	
(a) Trade, profession or particular kind of work		
(b) General nature of industry		
business, or establishment in	(Duration)	
which employed or (employer)	Contributory	
9 BIRTHPLACE (State or country)	Secondary O O	
Maryland	(Deration) de.	
10 NAME OF STATE OF S	(Signed) M. D.	
11. Henry Hens	aprilat 1981 (Address) Clerkeelle	
U II BIRTHPLACE OF FATHER		
Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
C 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-	
a suyuum sont	ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER	At place In the	
(State or Country) Maryland	of deathyrsds. Stateyrsds. Where was disease contracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
m 10 . 10-1	Former or	
(Informant) Mrs. Bevan Fletcher	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address) aberdeen Md.	R L. P & Cailes	
(Address)	Capito. Cemertry years 24 19.81	
15 Files Will 26 1922 / Ol Muelle	20 UNDERTAKER ADDRESS	
Registras	Henry Janua Jons Wherden Mes	
If more bianks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

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04694 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred in Ward) a hospital or institu-tion, give its NAME li-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED.L WIDOWED. OR DIVORCED ay (Write the word) (Year). 6 DATE OF BIRTH That I attended the decessed from at (Month) (Day) (Year) 7 AGE IIILESS than and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work G (b) General nature of industry business, or establishment in (Duration) which employed or (employer) mpor Contributory 9 BIRTHPLACE Secondary (State or country) OD 10 NAME OF 34 FATHER 00 (Address) ." 11 BIRTHPLACE OF FATHER FZ \*State the l'iscase Causing Death, or, in uo Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether 20 (State or country) æ 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER nform tate ients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos ds (State or country) Ö Q Where was disease contracted, 10 item of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?.. Every item CIANS sho statement Former or usual residence DATE OF BURIAL 20 UNDERTAKER Registrar If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1:

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

Joborer, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foremon, (b) Automobile foctory. The material should he used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs. For persons who have no occupation definite salary, may be entered as Housewije, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Former ( or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc .. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physicium, Compositor, Architect, report specifically the occupations of persons en-For many occupations a Form loborer. Laborerwithout more precise specification as Day -Coal minc, etc. Womsingle word or term on Locomotive engineer,

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telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases (secondary approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railreay train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on or intercurrent) Examplo: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

SI-	PLACE OF DEATH	STATE OF MARYLAND
M) XX	County	CERTIFICATE OF DEATH
Y, I	10001	Registration Dist. No. 184
ated EXACTLY, operly classified certificate.	Village No.	St.: Ward) (If death occurred I a hospital or Institution, give its NAME I stead of street an
EC EN PORT	2FULL NAME WITCH	number-)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NEN G pe s d be s ack of	Marked Widowed OR DIVORCED (Write the word)	(Month) (Day) (Year)
PER. Ehould tit may is on back	6 DATE OF BIRTH Seft 20, 1853	I HEREBY CERTIFY, That I attended the deceased from
IS A I	(Month) (Day) (Year)	that I last saw h (111 alive on 1911), 1925
	7 AGE IfLESS than I day hrs.	and that death occurred on the date stated above, at
THIS rms lnst	yrs. o mos ds. or min.?	
See See	(a) Trade, profession or particular kind of work	afu filess f
INI INI ulity pial	(b) General nature of industry	
R S Print	business, or establishment in Murchant	(Durstion) Vyrs mos de
GIN-ADII	SERTHPLACE (State or country)	Contributory Secondary
Z Z Z	10 NAME OF MACHINE MAIN	(Signed) Constion Tree Mos M. D.
H U H Oori	FATHER WILLIAM STATES OF THE S	5-18 193/ (Address) Washing tou.
WIT WIT	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
rmat te C	of Mother and Ferguson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
nfor	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos, ds, State yrs mos de
E PI ould	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
em sho	mrs Dames Mails	Former or
WRITE Every Item CIANS sho etatement	(Address) Darlington M. of	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 193
BE	15 Filedapril 10 1921 MTV. Kilo Registrar	29 UNDERTAKER ADDRESS ADDRESS ADDRESS
T) ż	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Regulesting V. S. No. 1.
		1///41

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the